



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS & ENERGY  
DIVISION OF MINERAL MINING  
900 NATURAL RESOURCES DRIVE, STE. 400  
CHARLOTTESVILLE, VIRGINIA 22903  
(434) 951-6310

**APPLICATION FOR A URANIUM EXPLORATION PERMIT**

APPLICATION NO. \_\_\_\_\_

FOR OFFICE USE ONLY	
PERMIT NO.	
RECEIPT NO.	
DATE ISSUED	

**APPLICANT INFORMATION**

1. Name of Applicant \_\_\_\_\_
2. Office Telephone Number \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Exploration activity is located \_\_\_\_\_ of \_\_\_\_\_  
(miles) (direction) (town)  
on Public Road No. \_\_\_\_\_ in \_\_\_\_\_ County/City.
5. Type of Organization:  
( ) Sole Proprietorship - Complete questions A,B,C,D  
( ) Corporation - Complete questions A,B,C,D,F,G,H,I,J  
( ) Partnership - Complete questions A,B,C,D,E,F  
( ) Other - Complete questions A,B,C,D,E,F

Specify (If Other): \_\_\_\_\_

(A) Virginia State Corporation Commission registration number \_\_\_\_\_

(B) Person with overall responsibility for operating decisions at the exploration site:

Name/Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

(C) Person to be contacted in the event of an accident or emergency:

Name Address Telephone

(D) Federal Tax ID Number of Applicant \_\_\_\_\_

(E) List all individuals having any ownership interest in the business entity.

Name/Title Address Telephone

(F) Principal organization officials, corporate officers, directors and members:

Name/Title

Address

Telephone


(G) Corporation name, address and telephone number if different than applicant:

--

(H) State of Incorporation \_\_\_\_\_

(I) Virginia Registered Agent:

Name

Address

Telephone

--

(J) If a subsidiary, provide:

Parent Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ State of Incorporation \_\_\_\_\_

6. Name, address and telephone number of person(s) authorized to sign permit documents:

Name

Address

Telephone

--

--

--

--

7. List any exploration or mining permits of any type held by the applicant in Virginia and the applicable permit identification numbers.

Issuing Authority

Permit No./Identification No.

--	--

--	--

--	--

### **EXPLORATION OPERATION INFORMATION**

8. USGS Quadrangle - \_\_\_\_\_ Northing - \_\_\_\_\_ Easting - \_\_\_\_\_

9. Type of Exploration Activity:

( ) Rotary Drill ( ) Surface Excavation ( ) Underground Excavation

( ) Other (specify) \_\_\_\_\_

10. Approximate date exploration operations will commence. \_\_\_\_\_

(Applicant shall notify the Division prior to commencing exploration activities.)

11. Distance in feet to nearest inhabited building. \_\_\_\_\_

12. List any person with an ownership or leasehold interest in the surface land or minerals to be entered or explored and the date each person was notified of the applicant's intent to apply for an exploration permit.

	Name	Address	Date Notified
Surface	_____	_____	_____
Surface	_____	_____	_____
Mineral	_____	_____	_____
Mineral	_____	_____	_____

13. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit:

\_\_\_\_\_  
(Provide deed book number, page number, parties to the deed or lease, date of execution or provide a copy of the deed or lease.)

14. Please provide the following information for any contractors who will be working on the exploration site (attach additional sheets as necessary).

Contractor's Business Name \_\_\_\_\_ DMM # \_\_\_\_\_

Virginia State Corporation Commission registration number \_\_\_\_\_

Business address \_\_\_\_\_

Business telephone \_\_\_\_\_

Address of record \_\_\_\_\_

Service to be provided \_\_\_\_\_

Persons with responsibility for operating decisions:

Name	Address
_____	_____
_____	_____

Persons with responsibility for the health and safety of employees:

Name	Address
_____	_____
_____	_____

15. List rivers, streams, tributaries or water impoundments on or adjacent to permitted property.

Name of waterway	pH adjacent to the exploration area	Tributary to
_____	_____	_____
_____	_____	_____

16. Specify how all exploration fluids will be contained and disposed, and how storm runoff water will be handled to minimize impact on any water courses. (Detail drainage plan attached). \_\_\_\_\_

\_\_\_\_\_

17. Specify any chemicals or hazardous materials (including petroleum products) which will be used on the exploration site and methods to be employed to prevent contamination of land and water resources on or adjoining permitted property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **OPERATION/RECLAMATION PLANS**

18. Specify the materials that will be generated by exploration operations and the plans for handling and disposal during operations and reclamation.

TYPE OF MATERIAL	DISPOSAL METHOD
Overburden	_____
Spoil/Waste Minerals	_____
Used Oil and Lubricants	_____
Trash and Debris	_____
Hazardous Material	_____
Buildings/Structures	_____

19. Describe in detail the method of exploration, procedures for containment and disposal of all drilling fluids, handling drainage, regrading, and vegetation during active exploration and upon completion (attach narrative).

20. Attach an application map<sup>1</sup> (at a scale of 1:400 or larger), prepared by a licensed professional engineer or licensed land surveyor that shows the location of the following, where applicable:

- A. Areas of land to be disturbed by the proposed exploration and reclamation.
- B. Existing roads, occupied dwellings, pipelines, and bodies of surface water.
- C. Topographic and drainage features.
- D. Proposed trenches, roads, other access routes to be constructed, and structures to be constructed.
- E. Proposed land excavations, exploration holes or other drill holes or underground openings. (The locations of the proposed or actual exploration drill holes and the permanent points shall be shown in accordance with the Virginia State Plane Coordinate System.)
- F. Excavated earth or waste material disposal areas.

<sup>1</sup> The map shall show the courses and distances of such exploration activity from two permanent points or landmarks on the tract; the approximate location areas in which test holes or core or stratigraphic holes may be drilled; name of the owner; and boundaries and acreage of the tract on which exploration activity is to take place.

- G. Critical habitats of any endangered or threatened species listed pursuant to the Endangered Species Act of 1973.
- H. Known Archeological, Cultural or Historic Resources.

- 21. Attach a narrative describing how each exploration hole shall be drilled, redrilled, plugged and/or abandoned.
- 22. Attach a radiation management plan that outlines procedures for monitoring and minimizing radiation exposure to workers, the public and the environment.

**CERTIFICATION/SIGNATURE**

I, \_\_\_\_\_, state that all the presentations contained in  
(Print Name)

the foregoing application are true to the best of my knowledge; and that I am the ( ) executive officer),  
( ) general partner), ( ) sole proprietor), or ( ) legal representative of the applicant, duly authorized to  
make this application on its/his/her behalf.

On behalf of the applicant, I hereby authorize the Virginia Division of Mineral Mining to conduct  
such safety/reclamation inspections as it may deem necessary or as may be required by law on this  
exploration operation.

_____ Signature	_____ Title
--------------------	----------------

subscribed and sworn/affirmed to, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)